NEWS AND NOTES

Views

Minerva is surely not alone in losing patience ever more often with the lawyers. An appeal court in the United States has just upheld an award of $5·1 million to a girl born with multiple physical defects: the defendants were the manufacturers of a spermicidal jelly used by her mother for four weeks after conception (*New England Journal of Medicine* 1986;**315**:1234-5). All the research evidence shows that spermicides are not teratogenic, but the court held that the absence of such evidence need not prevent a doctor testifying that in his opinion a cause and effect relationship existed. The courts in the United States have already driven the useful antiemetic drug Debendox off the market despite medical evidence of its safety: it will be tragic if they do the same to spermicides just when these agents are being recommended as a protection against AIDS.

*Hyperactivity in children is one of those difficult topics in which the perceptions of parents and research workers remain poles apart. The latest review, in the "British Journal of Psychiatry" (1986;**149**:562-73), reiterates the medical view that food additives and food allergy account for only a tiny fraction of all cases—but accepts that parents mostly believe the solution to their problems lies in dietary treatment. That belief is constantly reinforced by commercial interests and by parent pressure groups. No doubt in time a consensus will be reached—but meanwhile there is a lot of misery and anger in families with fidgety, restless, distractible children.*

Ninety per cent of the editor's page of a recent issue of the *American Journal of Tropical Medicine and Hygiene* (1986;**35**:871) was blank. Centred in the space was a brief statement signed by the editor: the space had been reserved for a review of drug resistant malaria but "the manuscript was received late and exceeded the specified length. It had to be shortened. On 16 September the authors expressed dissatisfaction with the results of the Editor's red pen and in consequence I have withdrawn the report."

More on diet and breast cancer: a case-control study of 818 patients from Israel reported in the "Journal of the National Cancer Institute" (1986;77:605-12) found the rate of this cancer was higher in women who ate a diet containing large amounts of animal fats and proteins and small amounts of fibre. All the dietary evidence now seems to point in the same direction.

About one third of medical schools still interview prospective students. For those schools that do the logistics are daunting. The dean of St Mary's Hospital Medical School, Professor Peter Richards, told a recent medical journalists' lunch meeting that at his school 450 students were interviewed out of 2400 applicants for 100 places. Interviewing was time consuming, but he was convinced that it was essential. Brilliant students didn't necessarily communicate well with patients, whereas those with less good exam results sometimes showed at interview that they would relate well to patients and be an asset to a university group.

Professor Nick Wald's splendidly lucid review of passive smoking and cancer (8 November, p 1217) may, sadly, not convince everyone. People's attitudes to health hazards depend heavily on their beliefs—but it might be worth reminding them of Sir Richard Doll's comments in midsummer: "the excess of cancer produced by passive smoking is some 50 times greater than that estimated to be the effect of 40 hours a week exposure to asbestos in asbestos containing buildings." So it is up to the DHSS to state how it plans to ensure that we can all breathe smoke free air if we want to.

A study of alcoholic patients' brains using CT scanning (*Psychological Medicine* 1986;**16**:547-59) showed the expected abnormalities—larger ventricles and wider cerebral sulci and fissures—but these changes occurred in women after a much shorter history of heavy drinking than in men. When women and men are given alcohol in doses equivalent per kg body weight the women reach higher blood concentrations. Many more questions need to be answered, but the stark fact is that women are more susceptible than men to brain and other damage from alcohol.

An obituary in the "Australian Paediatric Journal" (1986;22:75-6) of Stanley William Williams is a reminder of the speed of change in the AIDS epidemic: in 1985 he made headlines in the "Melbourne Age" for his comment that "You've got as much chance of picking it up as you have of being kicked to death by a duck." Such a comment now would be neither true nor socially acceptable.

Might Mrs Thatcher's admiration for current policies in the United States extend to its funding of medical research? The budget for the National Institutes of Health (*Science* 1986;**234**:808-9) just agreed by Congress is $6·2 billion—just $800 million more than in 1986, an increase of 17·3%.

*After a stroke patients often complain their memory has been affected, and a study in "International Rehabilitation Medicine" (1986;**8**:60-4) has quantified the defect. Assessment of 138 patients showed that around 30% scored poorly on tests of immediate memory: 20 patients were so severely affected that within 30 minutes of being told a story they had completely forgotten it. Whether this defect will be amenable to treatment remains to be determined.*

With medical unemployment so high in Europe is it (or is it not?) surprising that only 1529 doctors from the European Economic Community have sought full registration in Britain in the eight years since "free movement" became a legal right (*New England Journal of Medicine* 1986;**315**:1038-40)? What happened to the flood of Italians that the opponents of the EEC so confidently forecast?

MINERVA

MEDICAL NEWS

Health Service Commissioner criticises failures of communication over discharge of elderly patients

Poor arrangements for discharging elderly patients from hospital is one of the issues highlighted in the latest annual report of the Health Service Commissioner. In one case in South Sefton Health Authority an 86 year old woman was delivered home to the flat where she lived alone and placed in a chair by ambulance men—she could neither eat, drink, stand, nor go to the lavatory. A relative enlisted a janitor to help put her to bed, and the general practitioner was called. He arranged admission to another hospital, and she died a few days later. The commissioner criticised the health authority, but there seemed to have been a failure of communication between the health and social services.

The commissioner wrote to Sir Kenneth Stowe, permanent secretary at the Department of Health and Social Security, about this "lacuna in the care of patients." Sir Kenneth replied that: "... none of us would want to argue that we have a perfect system working perfectly. But I think it is fair to say that in general the arrangements for communication between hospital and community services have improved considerably over the last decade." He went on to praise the creation in some districts of "liaison nurses" who oversee discharges and ensure two way communication. The commissioner said that he hoped this system would prosper.

Overall in 1984-5 the commissioner dealt with 815 complaints—more than any other year except 1983-4. Over half (445) were rejected—150 because they concerned clinical judgment. One hundred and twenty five reports were issued, the highest number for five years, and in 47% some justification was found for the complaint. The average time to complete an inquiry was 42 weeks, a slight improvement on the 67·2 weeks of 1981-2.

Costs of screening for breast cancer

Britain has insufficient mammography machines and insufficient staff to mount a nationwide mammography screening programme, a recent conference of the Marie Curie Memorial Foundation was told. Swedish studies have shown that screening women every one and a half to two years will reduce mortality from breast cancer by 40%, and a British study has shown that regular screening of women aged 45-64 will increase the annual incidence of detection of cancer from 1·8 for every 1000 women to 5 or 6.

At the moment Britain has only 183 mammography machines, of which one third are obsolete and one third share a generator. West Germany, which has a slightly higher population, has 2000 machines and the Netherlands, which has a population less than half that of Britain, has over 200. The current cost of a machine is about £25 000 and each screening costs about £8-10.

Speakers at the conference were unanimous in warning about the dangers of increasing machines without training more radiologists and without providing more back up.

BMA special committee to prepare evidence on AIDS

The BMA has been invited to submit written evidence to the House of Commons Social Services Committee on the acquired immune deficiency syndrome (AIDS). A special committee has been set up to consider existing association policy on the subject, to look at the various problems associated with the spread of the virus, and to formulate a BMA policy on the control of infection and on the treatment and care of people suffering from AIDS.

Dr John Marks, chairman of council, will chair the committee. The other members will be Sir Douglas Black, chairman of the board of science and education; Dr A W Macara, chairman of the ethical committee; the chairmen or nominee of the Central Committee for Hospital Medical Services, the Hospital Junior Staff Committee, the Central Committee for Community Medicine and Community Health, the Medical Academic Staff Committee, and the General Medical Services Committee; the chairmen of the occupational health committee and the armed forces committee; the treasurer, Dr R A Keable-Elliott; and coopted experts.

The social services committee has asked for evidence by 15 December and oral evidence will be taken in the new year.

TUC attacks privatisation

"We can do without Arthur Daly style savings in the caring services," declared Mr Rodney Bickerstaffe last week. He was speaking at the press conference to launch the TUC's seventh report on privatisation. *More Contractors' Failures* catalogues over 40 cases of where privatisation has gone badly wrong. Among the instances cited are the hospital where contractors were discovered employing children under 16; the health authority forced by ministers to accept a private tender even though the in house NHS bid was 10% cheaper; the infirmary where contractors left food uncovered and unrefrigerated for so long that patients risked food poisoning; and the contractors who quit a hospital cleaning contract after three months and went into liquidation.

These were all examples of why the TUC is to campaign against moves to enforce tendering for local authority services. The next day an announcement in the Queen's Speech made it compulsory for local authorities to seek tenders for services such as refuse collecting and street cleaning. One reason for the government's action, according to Mr Bickerstaffe, is that it had made less of a killing out of privatisation in the NHS than it had hoped.

More Contractors' Failures is available from the publications department, TUC, Congress House, Great Russell Street, London WC1B 3LS, price £2, plus 25p postage and packing.

The facts on smokeless tobacco

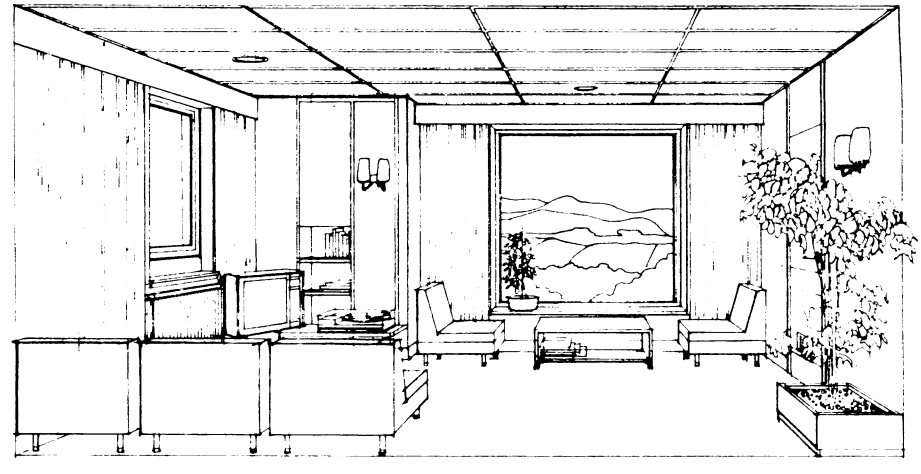
The Health Education Council and the Scottish Health Education Group have produced a leaflet on smokeless tobacco that warns of the risks of mouth cancer, nicotine dependence, and gum disease. American research suggets that children consider smokeless tobacco safer than cigarettes, and—despite great controversy—an American company is manufacturing Skoal Bandits ("tobacco teabags") in Scotland. Recent legislation does, however, make it illegal to sell oral tobacco to children under 16.

Single copies of the leaflet, *Down in the Mouth*, are available from Down in the Mouth, Dept AS37, 39 Standard Road, London NW10 6HD.

Health Education Council expenditure over £11m

In his introduction to the Health Education Council's annual report for 1985-6 Sir Brian Bailey, the council's chairman, singled out alcohol as a matter of particular concern. "The Health Education Council firmly believes that the abuse of alcohol in this country still exacts a toll far in excess of all the other hard and soft drugs put together."

Yet in 1986 the council spent more money on six



A six bedded "community hospice unit" has been established within the Dumfries and Galloway Royal Infirmary. The founders believe it to be the first of its kind in Britain. Local research showed that most deaths due to cancer (especially those of young patients) took place in the Dumfries and Galloway Royal Infirmary and that it housed between six and nine terminally ill patients at any one time. These patients were dispersed throughout the hospital's many departments and could not, it was felt, receive the high quality hospice type care they needed unless they were placed together in a specialist unit. Building a hospice outside the hospital was thought costly and it was felt that a hospice could be created in the hospital. A six bedded unit which had never been commissioned was converted for this purpose—the dayroom is illustrated above. The area health board honoured a commitment to improving local terminal care facilities and accepted full revenue costs of the unit. Local charities were also very generous in their support. The medical coordinator of the unit, Mr George Gordon, although pleased with the unit, adds "it is hoped that in the long term, more of the terminally ill will die at home with hospice principles applied rather than in the general hospital." The unit has a full time Macmillan nurse on its staff and backup from a consultant anaesthetist who specialises in pain control.

other campaigns than it did on its "alcoholism and drug" campaign, which cost £326 606. The six more expensive campaigns were: smoking and health (£2 345 704); health and human relationships (£679 061); the immunisation campaign (£654 098); the great British fun run (£481 244); look after yourself (£402 592); and the Welsh heart programme (£371 018). The Royal College of General Practitioners in its recent report on alcohol suggested that about £150m a year is spent in Britain advertising alcohol.

Total expenditure of the council in 1986 was £11 215 388 compared with £9 421 452 in 1985.

People in the news

Miss Maude Storey, registrar and chief executive of the United Kingdom Central Council for Nursing, Midwifery, and Health Visiting, will be the next president of the Royal College of Nursing. The new deputy president will be Dr June Clark, priority coordinator, Lewisham and North Southwark Health Authority.

Mr David I Hamilton, 55, director of the paediatric cardiac unit, Royal Liverpool Children's Hospital and consultant cardiothoracic surgeon at Broadgreen Hospital, Liverpool, has been appointed to the new chair of cardiac surgery at Edinburgh University.

Dr William MacLennan, 45, reader in geriatric medicine in Dundee, has been appointed professor of geriatric medicine at Edinburgh University.

Dr Nicholas Norwell, a general practitioner from Berkshire, has won the first Leo award for the best essay on a general practice topic. The award has been set up by the GP Writers Association together with Leo Laboratories Ltd. Dr K T Palmer of Kettering and Dr Brian Dudley of Stourbridge were second and third.

Brief news

Healthcall, the telephone medical information service introduced in June, says that it has had half a million calls so far. There are 130 subjects, each with their own telephone numbers, and the caller hears a tape giving general information on that particular problem. So far depression has proved to be twice as popular as AIDS, despite media publicity, and high blood pressure, arthritis, and rheumatism have also been popular.

Over £20 000 in royalties has so far been received by Trent Regional Health Authority from two joint ventures it has signed with commercial software companies. The Trent hospital patient management system has now been exported to six of the other 13 regions in England as well as to Scotland and Northern Ireland.

Change of address of BMA South Thames Regional Office

The South Thames Regional Office of the BMA is to move from BMA House to Purley at the end of November. The address of the new office is: Downlands House, 15 High Street, Purley, Surrey CR2 2XA.

COMING EVENTS

British Medical Association North Thames Regional Office—Doctors' Advice Bureaux to answer questions on terms and conditions of service, superannuation, tax, partnership and financial matters, etc, 4 December, Colchester and 5 December, Rochford Hospital and Southend Hospital. Details from Mrs Sandra Gray of the regional office, BMA House, Tavistock Square, London WC1H 9JP (Tel 01 388 8296.)

British Medical Association North Thames Regional Office—GP management symposium for general practitioners practising in the South West and North West Thames Regions, 6 December, West Drayton. Details from Ms Carol Burnard, South Thames Regional Officer, Thames Regional Office, BMA House, Tavistock Square, London WC1H 9JP. (Tel 01 388 8296.) Open to non-members.

Association for the Study of Medical Education—Conference "The funding of medical education," 19 December, London. Details from ASME, 2 Roseangle, Dundee DD1 4LR. (Tel 0382 26801.)

Society for Research in Rehabilitation—18th scientific meeting and agm, 8 January, London. Details from Dr J Mellerio, Paramedical Studies, Polytechnic of Central London, New Cavendish Street, London W1M 8JS. (Tel 01 486 5811.)

"The NHS: challenges and changes"—Seminar organised by the London Health Service Studies Trust and London Association for Health Service Studies, 19 January 1987, London. Details from the association, PO Box 24, Beckenham, Kent BR3 3AL.

Biological Council Coordinating Committee for Symposia on Drug Action—Symposium "Excitatory amino acids in health and disease," 13-14 April 1987, London. Details from the administrative secretary, Yvonne Haseldine, c/o Professor D Lodge, Department of Physiology, Royal Veterinary College, Royal College Street, London NW1 0TU. No telephone calls.

University of Surrey—Conference on "AIDS," 24 April, Guildford. Details from Mrs P Howe, Department of Educational Studies, University of Surrey, Guildford, Surrey GU2 5XH. (Tel 0483 571281 ext 3164.)

Alcohol Interventions Training Unit—Details and copies of the programme of courses for 1987 are available from the unit, School of Continuing Education, Rutherford College, The University, Canterbury, Kent CT2 7NX. (Tel 0227 66822.)

Royal College of Obstetricians and Gynaecologists—Details and copies of the programme of meetings January-May 1987 are available from the postgraduate education secretary of the college, 27 Sussex Place, Regent's Park, London NW1 4RG.

University of Dundee—Details of medical education courses March-April 1987 are available from the Centre for Medical Education of the university, 2 Roseangle, Dundee DD1 4HN. (Tel 0382 23181 ext 4337.)

SOCIETIES AND LECTURES

*For attending lectures marked * a fee is charged or a ticket is required. Applications should be made first to the institutions concerned.*

Monday 24 November

INSTITUTE OF LARYNGOLOGY AND OTOLOGY—5 30 pm, Mr D M MacKinnon: The variable effects of treatment for inflammatory conditions of the middle ear.

ST GEORGE'S HOSPITAL MEDICAL SCHOOL—In Obstetrics Seminar Room, Lanesborough Wing, 12 30 pm, obstetrics and gynaecology departmental meeting, Professor Mowbray: Immunology and abortion.

Tuesday 25 November

ROYAL STATISTICAL SOCIETY MEDICAL SECTION—At Manson Theatre, London School of Hygiene and Tropical Medicine, 5 pm, Dr J N S Matthews: Recent developments in crossover trials.

Wednesday 26 November

INSTITUTE OF ALCOHOL STUDIES—12 30 pm, Dame Jill Knight MP: Conservative Party policy on alcohol.* (Preceded by buffet lunch 12 noon.*)

ROYAL FREE HOSPITAL SCHOOL OF MEDICINE—At Seminar Room, 10th Floor, Royal Free Hospital, 5 pm, guest lecture by Professor D G Johnston: Control of fatty acid mobilisation in man.

ROYAL POSTGRADUATE MEDICAL SCHOOL—At Stamp Lecture Theatre, 10 15 am, medical staff round.

Friday 28 November

BROMPTON HOSPITAL MEDICAL UNIT STAFF ROUND—At Lecture Theatre, Cardiothoracic Institute, 8 am, Professor David Flenley: Recent advances in chronic bronchitis and emphysema.

Saturday 29 November

NUFFIELD DEPARTMENT OF ORTHOPAEDIC SURGERY, OXFORD—8 30 am, Mr S Frostick: Phosphate metabolism in muscle nuclear magnetic resonance studies. 9 30 am, Dr D A Terrar: Calcium ions and the neuromuscular junction.

BMA NOTICES

Central meetings

	NOVEMBER
26 Wed	Council, 10 am.
	DECEMBER
3 Wed	Central ethical committee, 10 am.
4 Thurs	Central Committee for Hospital Medical Services, 10 am.
4 Thurs	Journal committee, 4 pm.
8 Mon	Hospital Junior Staff Committee, 10 15 am.
10 Wed	Finance and general purposes committee, 10 am.
11 Thurs	Scottish General Medical Services Committee (7 Drumsheugh Gardens, Edinburgh EH4 7QP), 10 30 am.
13 Sat	Hospital junior staff conference, 10 30 am.

Division meetings

*Members proposing to attend meetings marked * are asked to notify in advance the honorary secretary concerned.*

Aldershot and Farnham—At Dining Room, Farnham Hospital, Tuesday 25 November, wine tasting evening with buffet supper.* (Guests invited.)

Blackburn—At Postgraduate Centre, Monday 24 November, 7 30 pm, agm.

Bromley—At Postgraduate Centre, Farnborough Hospital, Friday 28 November, 8 pm, wine tasting and buffet supper.*

Burton on Trent—At Stanhope Arms Hotel, Tuesday 25 November, 9 15 pm, Dr J F Milligan talking on the future of general practitioners in the light of the Green Paper.* (Preceded by dinner 7 30 for 8 pm.*)

Dartford, Gravesend, and Medway—At Boardroom, St Bartholomew's Hospital, Rochester, Tuesday 25 November, 8 15 pm, agm.

Eastern—At BMA House, Belfast, Thursday 27 November, 7 30 pm, bridge drive, proceeds in aid of Belfast Hospice.* (Supper provided.)

Lambeth and Southwark—At Nevin Lecture Theatre, St Thomas's Hospital, Wednesday 26 November, 7 15 for 7 30 pm, Dr Michael Swash: "Recent advances in incontinence."* (Buffet provided. Guests invited.)

Lanarkshire—At Physiotherapy Department, Stonehouse Hospital, Sunday 30 November, 10 for 10 30 am, symposium "Management of the terminally ill."*

Maidstone—At Postgraduate Centre, Preston Hall Hospital, Thursday 27 November, 7 30 for 8 pm, lecture by Dr Iain E West: "Things that go bang in the night."* (Followed by dinner. Guests invited.)

Manchester and Salford—At BUPA Hospital, Whalley Range, Tuesday 25 November, 8 pm, guest lecture by Professor Alan Usher: "Sex and sudden death."*

North Warwickshire—At Stradlings Restaurant, Attleborough, Tuesday 25 November, 7 30 for 8 pm, Mr V Moshakis: "Points in management of peptic ulcer disease."* (With buffet meal.*)

Oxford—At Rhodes House, South Parks Road, Wednesday 26 November, 7 for 7 30 pm, election of representatives and deputy to Representative Body; talk by Dr Stephen G Mann: "The evolution of peptic ulcer disease therapy."* (Followed by dinner.)

Portsmouth and South East Hampshire—At Guildhall, Portsmouth, Thursday 27 November, 7 15 for 8 pm, doctors/lawyers dinner, guest speaker Surgeon Commander Dermott Crean.* (Guests invited).

Redbridge and Stratford—At Board Room, King George Hospital, Ilford, Tuesday 25 November, 8 pm, business and agm.* (Coffee and sandwiches available from 7 30 pm.*)

Sandwell—At Pavilion Suite, Edgbaston Banqueting Centre, Saturday 29 November, annual dinner.* (Guests invited.)

Scunthorpe—At Wortley House Hotel, Friday 28 November, annual dinner dance.* (Guests invited.)

Southend on Sea—At Garon's No 1 Banqueting Suite, Friday 28 November, 7 30 for 8 pm, dinner dance.*

South Warwickshire—At John Turner Medical Education Centre, Warwick Hospital, Wednesday 26 November, 7 30 for 8 pm, cheese and wine meeting, speaker Professor Sir Geoffrey Slaney: "Dead digits with patent pulses."* (Junior staff invited.)

South West Wales—At Ivybush Royal Hotel, Carmarthen, Saturday 29 November, 7 30 for 8 pm, dinner meeting, speaker Dr Colin G Miller: "A comparison between paediatrics in the Caribbean and the United Kingdom."* (Guests invited.)

Swansea and West Glamorgan—At Dragon Hotel, Swansea, Saturday 29 November, 7 30 for 8 pm, annual dinner dance.*

Wigan—At Haigh Hall, Thursday 27 November, 7 30 for 8 pm, medicolegal dinner, speaker Father Higginbotham.* (Guests welcome.)

Wigtown—At Creebridge Hotel, Newton Stewart, Friday 28 November, 7 30 for 8 pm, buffet dance of Wigtown District Faculty of Solicitors.*

Regional meeting

West Midlands Regional Council—At Birmingham Medical Institute, Monday 24 November, 7 30 pm, agm.*

UNIVERSITIES AND COLLEGES

LONDON

The following appointments to chairs have been announced by the university: Professor P J Barnes (thoracic medicine at the Cardiothoracic Institute); Professor A Horwich (radiotherapy at the Institute of Cancer Research); Professor G F Johnson (preventive ophthalmology at the Institute of Ophthalmology); Professor A F Lant (clinical pharmacology and therapeutics at the Charing Cross and Westminster Medical School); Professor B I Sacks (psychiatry of mental handicap at the Charing Cross and Westminster Medical School); Professor T E Stacey (child health at St George's Hospital Medical School); Professor R Wootton (medical physics at the Royal Postgraduate Medical School); and Professor M H Yacoub (cardiothoracic surgery at the Cardiothoracic Institute).

The following have had the title of professor conferred on them: Professor M T M Jones (neuroendocrine physiology at the United Medical and Dental Schools of Guy's and St Thomas's Hospitals); Professor M D Kendall (histology at the United Medical and Dental Schools of Guy's and St Thomas's Hospitals); Professor C J F Spry (cardiovascular immunity at St George's Hospital Medical School); and Professor T W Stone (Neurosciences at St George's Hospital Medical School).

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One Man's Burden

Discussions of medical ethics often become occasions of dogmatic assertion, so it was sad to read that the Institute of Medical Ethics had decided that its lively bulletin should not have a correspondence column. With a letters column the bulletin could generate discussion or even thought; without one it sometimes generates frustration and suspicion. All is not lost, however, because at this month's meeting of the General Medical Council the chairman of its committee on medical ethics triumphantly announced that it had been unable to reach consensus on the extent to which doctors should be allowed to distribute information about their practices. It was a healthy moment, the first public acknowledgment I can remember that members of the GMC do not have access to sources of wisdom denied to other doctors.

Some ethical questions are easy to answer, but, sadly, it is the difficult ones that attract dogmatic answers. One such is whether doctors have an obligation to tell their patients the truth about their illnesses. Last year Saul S Radovsky quoted surveys showing that during the previous 24 years the proportion of doctors—presumably in the United States—who thought they should tell patients the truth about their cancers had declined from 82% to 70%.[1] A year earlier a British survey had shown that nearly 70% of people believed that hospital doctors would not tell them the truth if they had cancer. Radovsky makes a compelling case for openness and for never lying to a patient, but I hope that doctors who read his essay won't transmute his arguments into an absolute rule that they must tell every patient everything, without being asked.

The best reason for avoiding an absolute rule—particularly when the only information the doctor has to give is bad news—is that not every patient wants to hear it. When Richard Dimbleby was being treated for the illness that eventually killed him he often, after his treatment, had a drink with his doctors to discuss how things were going. But another broadcaster, Robert Robinson, has said emphatically that if he ever gets a nasty disease he doesn't want anyone, including his doctor, to tell him anything about it. He would like doctors to get on with the business of treating the disease without burdening him with decisions about it.

The Dimbleby and the Robinson attitudes—when they are honestly proclaimed—are easy to deal with. But doctors have to cope with the bewildering degrees of ambivalence that lie between. Certainly, when I was a general practitioner I had patients who thanked me for telling them the whole truth when the news was bad because it prevented them from making catastrophic decisions about their families or their businesses. But I also had the chilling experience of answering a patient's questions as honestly as I thought she wanted them answered and later being accused by her of destroying any hope she had of enjoying what was left of her life.

I suspect the most we can ask of doctors is that, when it comes to judging what patients really want to know, they should, because of their training and experience, get it right more often than do others. Luckily, they don't have to rely solely on their own experience.

One of the most helpful contributions I have found to this debate came from a doctor who thought that patients themselves might know best whether they should be told. Five years ago a Kent chest physician, Dr John Spencer Jones, published the results of a study in which he had given an unusual option to some 200 patients who were being treated for inoperable bronchial carcinoma.[2]

He told them that after investigations to exclude named diseases including cancer they would, if they asked, receive a truthful answer about the diagnosis. If they didn't want to know all they need do was not ask. Half the patients asked and half deliberately did not. Of those who did ask, only one later regretted the decision. Those who didn't ask explained that they just didn't want to know—though half of them later gave signs that they had guessed the nature of their illness, possibly because of the treatment they were having, possibly because their common sense told them.

One of Jones's findings shows the sort of ambivalence that makes rules difficult to draft. Just over 10% of those who had asked for the diagnosis later "denied" that they had been given it, talking as if their expectation of life was good though they had been told it was not. Jones suggested that some of these probably had not wanted to know the truth in the first place but had been persuaded by their doctors' natural tendency to encourage hesitant patients. And some may have asked because they were confident that they were going to get good news, and when they got bad news suppressed it by denial.

Jones's study suggests that if doctors adopted an absolute policy—being wholly honest with all patients or with none—they could never suit more than half. Those of us who agree with Radovsky that doctors should never lie have also to accept Jones's finding that "some patients really do prefer uncertainty, and no one would care to be guilty of aggravating their suffering."

In a memorable phrase Radovsky points out that "dying is a condition of living," and one lesson I learnt repeatedly from my patients, and have since relearnt from friends, is that during serious illness all the clichés can come true. You really can discover who your best friends are and you really do have a chance to assess your life and change its direction, to discover that being healthy is not a matter of being mechanically sound in mind and body but of drawing strength from being part of a family, part of a community, a member of a species that can achieve harmonious though limited existence on this earth.

A patient once wrote to me: "It's odd how illness made my life worth living. How awful it would have been if, instead of getting ill, I'd been hit by a bus and extinguished immediately, without ever learning what life really had to offer."

MICHAEL O'DONNELL

1 Radovsky SS. Bearing the news. *N Engl J Med* 1985;313:586-8.
2 Jones JS. Telling the right patient. *Br Med J* 1981;283:291-2.